

BOARD OF CORRECTION

DAVID MCCLUSKY Chair DODDS HAYDEN Vice Chair KAREN NEILL Secretary

MINUTES

BOARD OF CORRECTION (BOC) MEETING

July 27, 2020, 9:00 AM - 4:00 PM MT

Idaho Department of Correction, 1299 N. Orchard Street, Suite 110, Boise, ID 83706 3rd Floor Conference Room and via Zoom (strongly recommended)

Members Present:

Dr. David McClusky, Chair Dodds Hayden – via Zoom Dr. Karen Neill, Secretary – via Zoom

Others Present:

IDOC: Josh Tewalt, Bree Derrick, Karin Magnelli, Cheryl Iseri; via Zoom: Dodds Hayden, Karen Neill, Christine Starr

Members of the public (no roll taken) – averaged 44 participants, according to Zoom participants list

- > Call to order Business Meeting; welcome and introductions
 - o Chair McClusky called the meeting to order at 2:07 p.m.
- Action Item Organ Donation Josh Tewalt
 - PowerPoint presentation titled, "Presentation to: Board of Correction, July 27, 2020 covers all agenda topics, broken out in sections.
 - Proposed organ donation rule change to allow for organ and tissue donation upon the death of an inmate, as well as to allow organ and tissue donations by living inmates when certain criteria are met.

<u>Vice Chair Hayden moved to approve the proposed rule change for organ donation; Secretary Neill seconded the motion. Vote taken: Chair McClusky – yes, Vice Chair Hayden – yes, Secretary Neill – yes.</u>

- Strategic Planning Bree Derrick
 - Performance Objectives
 - Timeline for revising strategic plan
 - November 2019 convened statewide leadership and introduced a draft strategic plan
 - February 2020 presented a draft plan to Board of Correction
 - March July 2020 held numerous meetings with P&P, Prisons and Central Office staff to introduce strategic plan
 - July August 2020 revising plan and preparing performance measures for submission to DFM (due 8/28/20)
 - Considerations for IDOC's future
 - National context and IDOC's role in the criminal justice system
 - Equity and inclusivity
 - Reduced budgets in future years
 - Our 4 Strategic Goals
 - Increase success for people under our jurisdiction

- Enhance staff fulfillment and wellness
- Focus spending on areas that maximize success
- Strengthen relationships with key stakeholders
- Dodds commented that what IDOC does, as a department, is far more dynamic than what's reflected in these goals. The goals feel a bit generic; could be a bit more inspirational.
- Karen commented that there are so many innovative things happening at IDOC right now, the goals could be more reflective of that.
- Dr. McClusky commented that we could be an example of how things should be done, and how we've been successful doing them.
- Josh commented about modeling a system for behavior change.
- Proposed Key Performance Measures (limited to 10)
 - Increase success for people under our jurisdiction
 - Enhance staff fulfillment and wellness
 - Focus spending on areas that maximize success
 - Josh commented that timeliness improvements is the most important goal. We have a history of feeling that we don't have control. We are going to be very aggressive about measuring timeliness into our system, how we look at timeliness on the back end of our system. We've historically blamed a lot of other stakeholders for those types of things and ignored our own role in that.
 - Dr. McClusky discussed mortality/morbidity conferences, and equated them to how IDOC could do something similar to evaluate processes. It's not a process to criticize, but rather to share ideas to improve.
 - Bree responded that we are doing some focus groups and are soliciting ideas and feedback from external stakeholders and staff.
 - Strengthen relationships with key stakeholders
 - o Dr. Mc...
 - Josh ... instead of having conversation about them, have the conversation with them.... Need to engage in two-way conversations with staff and stakeholders...
 - Strategic Initiatives table of initiatives and how they tie into 4 key areas: Increase success, staff fulfillment, focus spending, and strengthen relationships
 - Restoring promise
 - o Gender-responsive corrections
 - Program and education changes
 - Creation of Connection & Intervention Stations
 - Dosage probation
 - P&P Specialist positions
 - o Recidiviz
 - Medicaid Expansion
 - Public records revamp
 - Hiring process improvements
 - Prison culture plans
 - Prison staffing/roster management
 - Placement and transport enhancements
 - O365 migration and training
 - Become paperless agency (C-files, etc.)
- COVID-19 Strategic Objectives
 - Operational changes during COVID

- Prisons
 - Staffing cohorts and 12-hour shifts
 - Creating smaller cohorts for recreation and programs
 - Holding court and parole hearings remotely
 - Video visitation/wireless phones
- Probation and Parole
 - Staffing in teams and increased teleworking
 - Curbside supervision and expansion of virtual meetings/groups
 - Expansion of electronic monitoring technologies
 - Coordination with the parole commission for "open date" releases
- Clarity gained from pandemic response
 - Demonstrate our commitment to success by offering reentry services, telehealth interventions, and hazard pay
 - Invest in infrastructure and technology to move agency toward 100% paperless systems and create efficiencies
 - Build relationships with our partner agencies and between incarcerated individuals and their families
- Budget Update Josh Tewalt
 - Statewide Budget Decisions
 - Statewide budget holdbacks
 - Pandemic has created a great deal of economic uncertainty
 - FY2020
 - 2% one-time holdback of \$4.9 million
 - Funds were drawn from contract savings, replacement items not purchased, and cutting operating costs
 - FY2021
 - o 2% ongoing reduction of \$5.3 million
 - 5% one-time holdback of \$13.9 million
 - Impacted areas are \$12M from population-driven budgets, \$1.9M from OE/fund shifts, and CEC on hold
 - FY2022
 - General fund spending freeze, \$273 million general fund appropriated to IDOC
 - 1% CEC, line items, maintenance items, will require IDOC to identify offsets
 - What's next?
 - Prepare budget submission for Board's consideration in August and include financial impact of CARES Act funding, financial impact of Expanded CRCs, and ensure offsets for general fund decision units for SAWC and OMS.
 - Comments from Josh....
 - CARES Act Funding for IDOC
 - \$12.7 million appropriated for COVID-related direct costs
 - Includes funds for overtime, hazard pay, OE and capital outlay, COVID-related contracts, emergency housing, electronic monitoring, Webex, and subsidizing resident communications.
 - \$16.2 million appropriated for strategic investments
 - Includes \$5.1 million for critical technology infrastructure, \$1.6 million for diversion, decarceration and timely release, and \$9.5 million for public safety enhancements.

- Dodds asked about obstacles to get these funds invested to improve our systems. Josh replied that there is still some bureaucracy challenge to get approval for projects. The timeframes associated with the Federal guidance seems to be the biggest challenge.
- Dodds asked whether we have the staff to make these projects happen. Josh replied that
 yes, we are operating on an all-hands-on-deck basis. Staff have been incredibly flexible.
- Population Forecasting
 - Admissions to prison down 17% since July 2019
 - Worth noting that criminal trials, particularly jury trials, are not happening. We expect we will see a bump once those trials resume.
 - Prison releases 5% above average
 - Josh noted that not a single person has walked out the door without meeting every criteria the Parole Commission set out for their release.
 - As a result, the incarcerated population has been declining in recent months
 - We are operating at 93% of capacity.
 - We've been very strategic about bed utilization because during a pandemic, space is our friend. Still looking at emergency options to create more space within our system.
 - Probation and parole population continues to climb
 - Dodds asked about impact to PPOs, caseloads, and PSIs. For PSIs, impact is minimal because of a change in process to streamline the PSI report, and there has been a slight decrease in PSI requests, but not as much as we would expect.
 - Chart detailing projected bed needs without a new prison facility
 - 10 year overview, broken out by male and female populations
 - By 2030, projected need of 1,777 beds 210 for females, 1567 for males
 - Chart detailing projected bed needs by sex without new prison facility 2020 to 2030
 - Minimum custody beds are the greatest areas of need for men and women
- Addressing Future Capacity Needs
 - Proposed 1200 bed facility
 - Reception and Diagnostic Unit (400 beds)
 - o 50 female beds
 - o 350 male beds
 - Female housing (800 beds)
 - o 75% minimum custody
 - o 25% medium/close custody
 - Operational flexibility
 - o Centralizes RDU functions for the state
 - Provides gender-responsive spaces
 - o Returns minimum beds to male housing
 - SICI would return to an all-male facility, as well as converting SBWCC to a male facility.
 - Dodds expressed concern about older facilities requiring maintenance.
 - Josh noted that when we are already lacking capacity, we have a very real need to repurpose beds. Having additional beds would allow us to be thoughtful about the type of units we take offline once we have the room to do so.
 - Chart detailing IDOC projected bed needs 2020 2030
 - Chart detailing IDOC projected bed needs by sex, 2020 2030
 - Next steps on building capacity
 - July 2020 review current needs and proposal
 - August 2020 refine proposals to meet projected needs, evaluate costs and operational alternatives

- September 2020 finalize proposals
- Josh asked the Board for feedback on what they want to see in facilities in order to put together the right proposal for consideration.
 - Karen asked about how programming will change to affect the type of beds that are needed, and to reduce recidivism.
 - o Josh replied that the position we are in is a little unique in that we are starting with trauma-informed and gender responsive work on the female side first, is to show that it works. If we manage those populations differently, we are going to see an appreciable benefit in our population numbers. We believe that it will be more responsible to build more female capacity to allow us to implement the programs we know are going to work without also having to undo the environmental factors that people encounter every day in prison. Physical plant that we have now was designed for men, but are being used for women, doesn't foster a sense of physical and psychological safety for women. For example, at SBWCC, the visiting space for families is very small, which is not suitable for women with children. The other piece is that what happens outside of our system there is some responsibility beyond IDOC to prevent people from coming into our system.
 - Dr. McClusky asked how this helps with our Eagle Pass situation? Josh replied that this would eventually eliminate the need for out-of-state placement by 2023. Nobody wants to spend money to build more prisons, but realistically, this is the solution to bring people home to Idaho.
 - Dodds asked about lead time from concept to a prison being built. Josh replied 2.5 3 years. Dodds would like to see what the design options are. Concern is that I know where you want to go, but I see these old facilities, and am concerned about age and maintenance. Would like 2-3 options.
 - Karen asked if there's any data available about what you've been doing with male minimum custody and what's working, as justification in some way of going that direction.
 - Josh thanked the Board for their candid feedback. It shouldn't be an easy decision to say, "Let's build a prison." It's an enormous expense for the taxpayers, and a significant long-term investment. If we're going to ask the taxpayers to do that, we want to make sure we're getting it right, and that we're not building something that's obsolete before we even move in.

<u>Vice Chair Hayden moved to adjourn meeting at 5:13 p.m.; Secretary Neill seconded the motion. Vote Taken:</u>
<u>Chair McClusky – yes, Vice Chair Hayden – yes, Secretary Neill – yes.</u>

Submitted by:		
Cheryl Iseri, Program Coordinator	 Date	
 Dr. David McClusky, Chair	 	